## **Attachment B**

# Early Intervention Section Fee for Service Policies and Procedures

# **Early Intervention Section Fee for Service Policies and Procedures (FFS P&Ps)**

July 1, 2017

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#### **Fee for Service Policies and Procedures**

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#### 1. Service Authorization Process

Early Intervention (EI) services are authorized via the attached form, EI-6a, Authorization for Services (AFS). The child's Care Coordinator (CC) initiates the AFS when EI staff are unable to provide a specific service. Once the Early Intervention Section (EIS) Contracts Unit Supervisor authorizes the AFS, it is returned to the CC who then forwards it to the service provider.

Please assure the child's CC provides a current, authorized AFS to the service provider **PRIOR** to initiating any services. Do <u>NOT</u> provide services until an authorized AFS is received. EIS will NOT pay for any unauthorized services. **A late AFS will <u>NOT</u> be backdated, and a retroactive AFS will not be authorized.** 

An AFS is authorized on a quarterly basis (e.g., July to September; October to December, January to March; and April to June) for all ongoing services, unless the child's third birthday is prior to the end of the quarter. The authorization period ends the day prior to the child's third birthday.

Ensure that the frequency and intensity of service hours provided DO NOT exceed what is on the AFS. For example, if the AFS says four times a month (4x/month) at forty-five (45) minutes per session, and there are five (5) weeks in a month, the service may only be provided four (4) times during that month and for forty-five (45) minutes each session. If the service is to be weekly, it must state that on the AFS. The invoice shall be returned if the frequency and intensity of services on the invoice do not match what is on the AFS. Consult with the CC if it is felt that revisions are necessary to the AFS, or if anything on the AFS is unclear. When necessary, revisions to the AFS must be reauthorized PRIOR to providing the service.

#### 2. Service / Attendance Log

An individual child's EI-6b, Fee-For-Service Provider Service/Attendance Log, must be signed by the child's family/caregiver/preschool staff for **EVERY** scheduled visit, at the time any authorized EI service is provided. A copy of the child's completed Log, including missed appointments with reasons, must be sent to the child's CC within one (1) week following the end of the previous month, and originals are to be retained in the provider's records to support submitted invoices in the event of an audit/monitoring by the State.

The only exceptions which do not require complete logs are for:

- a. Hearing aid related activities (e.g., ear mold fitting); or
- b. Transportation providers.

Reauthorization of the AFS for all ongoing services is dependent on the receipt of Form EI-6b, Fee-For-Service Provider Service/Attendance Log.

#### 3. Invoice for Services

Please refer to the attached Invoice for Services and sample invoice instructions. **Print the invoice using letterhead that exactly matches your contract address**. Indicate services on the invoice using the same terminology that is on the AFS. Again, please ensure that the frequency and intensity (hours) of services provided and invoiced **DO NOT** exceed what is authorized on the AFS. A copy of the child's form EI-6b, Fee-For-Service Provider Service/Attendance Log, must be attached to the invoice for that month.

<u>NO EXCEPTIONS</u>. Invoices that do not include the required information, document, or that are not in the prescribed format, shall be considered incomplete and will be returned to the provider, or payment processing suspended until the requirements are met. <u>Original signatures are required on all invoices</u>. *DO NOT SUBMIT PHOTOCOPIES*.

EIS does **NOT** pay separately for time spent documenting, or for any "No Show." Therefore, <u>immediately</u> notify the child's CC if any scheduled appointment is missed (for any reason) so that the situation is addressed with the family/caregiver/preschool, in a timely manner.

Refer to the item on the AFS form entitled "Provider to Bill," to ensure you bill appropriately per contract.

- ➤ <u>If EIS has checked *Private Insurance/Other*</u>: Bill the family's private insurance as indicated on the AFS. IF private insurance denies payment, then submit the denial letter and bill EIS at the approved rate. EIS will only check this box if the family has consented that their private insurance may be billed.
- ➤ If EIS has checked *Medicaid/QUEST*: Bill QUEST or QExA health plans directly for hearing aid related services. EIs will only check this box if the family has consented for Medicaid to be billed. Hearing aid related procedure codes to be billed directly to QUEST or QExA health plans are listed below.

CODE	CODE   HEARING AID SERVICE - Do Not Bill EIS		
V5253	Digital or analog hearing aid purchase		
92590	Hearing aid examination and selection, monaural		
92591	Hearing aid examination and selection, binaural		
V5090	Dispensing fee (per hearing aid)		
V5014	Digital repairs per aid not covered by warranty		
V5267	Miscellaneous items, such as ear hook, battery tester, dessicant, SuperSeals, listening stethoscope, flange		
	Retubing (per hearing aid)		
	Ear mold grinding (per hearing aid)		

Per contract, with a family consent, it is required that private insurance is accessed whenever possible, as **EIS** is the payer of last resort.

#### 4. <u>Invoice for Mileage</u>

If the provider contract allows mileage, submit a **separate invoice for mileage** with the monthly Invoice for Services. The provider shall utilize the designated format in the attached sample. The mileage invoice must coincide with the service invoice and follow the same order as the invoice for services. Invoiced mileage **shall not** exceed the authorized mileage indicated on the AFS. Refer to the attached sample Invoice for Mileage Charges, and notes for instructions.

#### 5. Payment Procedure

Prior to submittal of the provider's initial invoice for services rendered, the provider shall submit an official VTM New Vendor Information Letter (sample attached). The provider shall use their **full legal name** that is registered with the State when submitting this request, as well as on all original invoices. The invoices shall also be signed in **BLUE ink**.

When an original invoice is received a the EIS Fiscal Unit, it is:

- a. Matched with the approved AFS (based on the authorization number) to confirm the authorization, verify provider calculations, data entry;
- b. Sent to the DOH's Administrative Services Office (ASO) for review, batching, and
- c. Forwarded to the Department of Accounting and General Services (DAGS) for approval, check issuance, and mailing of the check to the provider.

This entire process usually takes two to five weeks after EIS receives a correct invoice. Any error, omission of data, or an incorrect format will delay payment as the invoice will be returned to the provider for correction. Manual corrections to the invoice are not acceptable. EIS will contact the provider if an invoice requires corrections. HIPAA prohibits emailing invoices or documents with child names, initials, or other child information.

Please mail the original invoice, signed in **BLUE** ink, to:

Early Intervention Section 1010 Richards Street, Suite 800 Honolulu, Hawaii 96813 Attention: Fiscal Unit

#### **6.** Personnel List (Licensure / Certification)

List all professionals who will provide EI services per contract, and their professional license or certificate number, as applicable. Indicate the corresponding individual's initials which will appear on the Invoice for Services. Please assure there are no duplicate initials used.

Submit the signed and dated Personnel List to the address below verifying the providers meet the highest quality standard.

Email: mae.braceros@doh.hawaii.gov

OR

Early Intervention Section 1010 Richards Street, Suite 800 Honolulu, Hawaii 96813

Attention: Contracts Unit

To indicate any personnel change, resubmit the Personnel List (signed and dated) with the appropriate revisions to the above address or email.

#### 7. Reports

When an evaluation report is required, submit the completed report tot eh child's CC within two (2) weeks following the evaluation. The report shall address the reason for the referral and a summary of the child's concerns, including impressions, recommendations, and a diagnosis as appropriate.

The attached form EI-6c, Fee-For-Service Provider Quarterly Progress Report, for each child shall be submitted to the child's CC prior to the end of the authorization period. To accommodate the provider's required timelines, follow the EIS established guidelines below regarding the authorization and reporting periods:

Reporting Period	Report Due BY
December – February	March 15 <sup>th</sup>
March – May	June 15 <sup>th</sup>
June – August	September 15 <sup>th</sup>
September - November	December 15 <sup>th</sup>

#### The following types of ongoing services require submission of a Quarterly Report (QR):

- a. Aural Rehabilitation
- b. Deaf Educator Consultation/Treatment
- c. Instructional Consultant (IC) and Skills Trainer (ST) for Intensive Behavioral Support (IBS) Services

The IC shall submit the QR for the ST services. In lieu of completing the entire QR, the IC may complete the top portion and attach the current Behavior Strategy Guide (BSG) with a note in the Outcomes are of the QR stating "see attached," and in the space provided, indicate any new issues that are not already indicated in the BSG.

- d. Nutrition Consultation/Treatment
  - In lieu of completing the entire QR, the dietician may complete the top portion and with a note in the Outcomes area, referring to the assessment(s) (give dates), and in the space provided, indicate any new issues that are not already addressed in the current assessment.
- e. Psychological Consultation/Treatment
- f. Therapeutic Consultation/Treatment (e.g., OT, PT, SLP, SPIN)
- g. Vision Services

### 8. Required Forms and Samples

EI-6a, Authorization for Services (AFS), rev 09-15-15 EI-6b, FFS Provider Service/Attendance Log Sample Invoices:

Invoice for Services
Invoice for Mileage Charges
EI-6c, Fee-For-Service Provider Quarterly Progress Report
Personnel List
Sample VTM New Vendor Information Letter